

Cenário dos Cuidados Paliativos na Europa

A mesma Europa, várias velocidades...



14.05.2026, São Paulo

Jorge Manuel De Castro

MD (Internal Medicine)
MSc (Palliative Care)
PhD student (Palliative care)



Champalimaud
Foundation



SINTOMA26

14 A 16 DE MAIO HOTEL INTERCONTINENTAL | SÃO PAULO

PARCERIA **soho**
Society of Hospice and Palliative Care

APOIO INSTITUCIONAL Faculdade **bp**

Conflito de interesses



Índice da sessão

3 | **O nosso Portugal**
Onde estamos hoje?



1 | **Necessidade**
Envelhecimento,
doença crónica e
mortalidade



2 | **Resposta dos Sistemas**
Modelos europeus e
cobertura assistencial



4 | **Desafios e futuro**
Sustentabilidade,
equidade e inovação

1. Necessidade

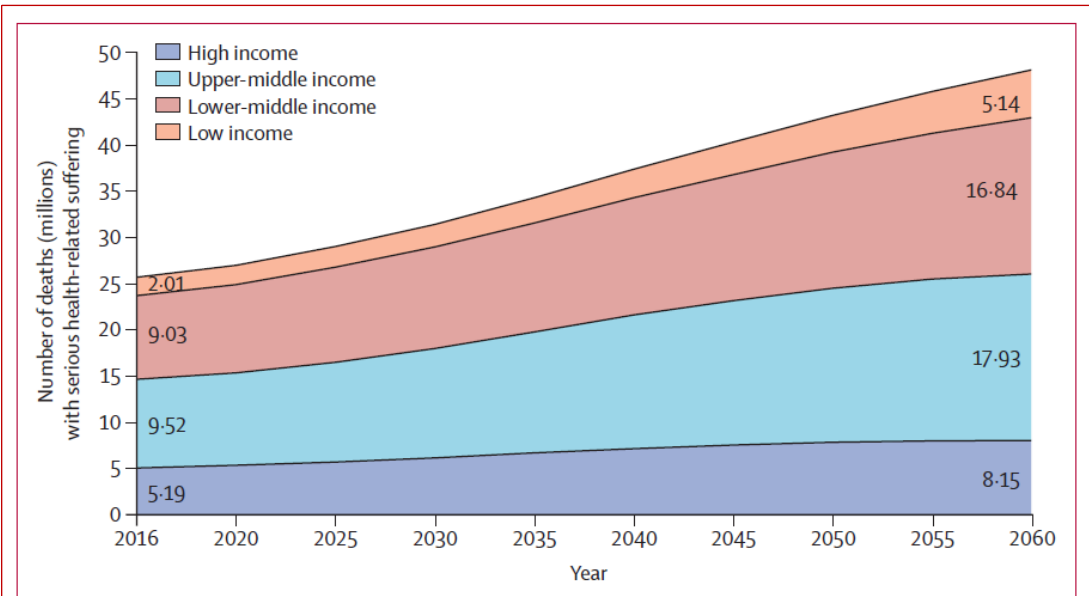
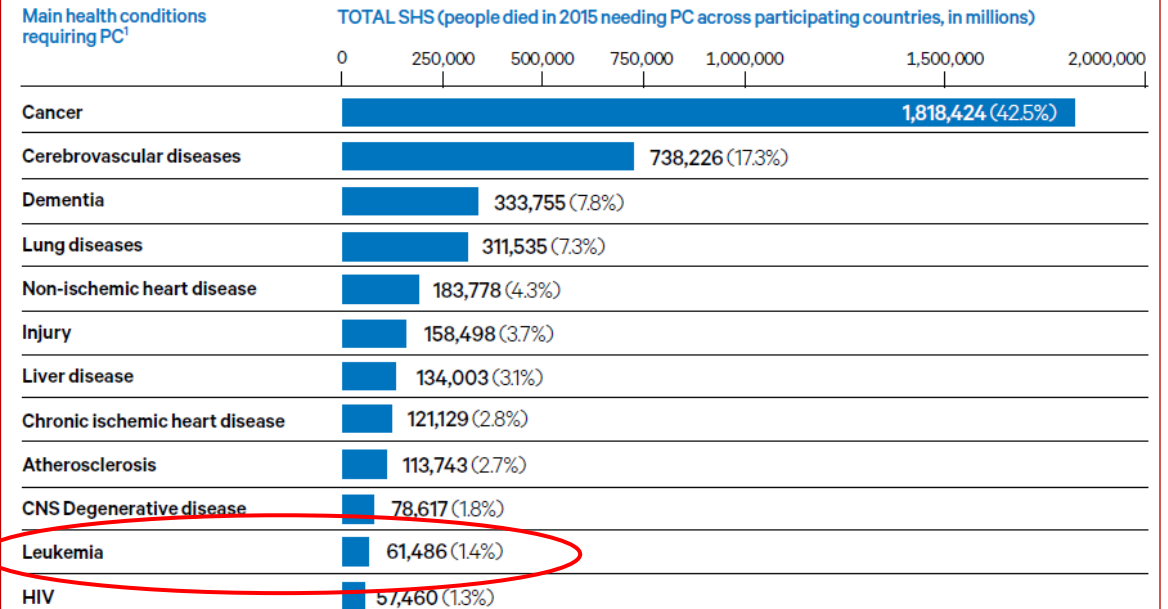


Figure 1: Projected evolution of burden of serious health-related suffering in World Bank income regions until 2060

FIGURE 1. Main health conditions requiring palliative care



Em 2060, 47% das mortes serão relacionadas com “serious health-related suffering” (↑87%)

2. Resposta dos sistemas

Health policies

Use of essential medicines

Provision of Palliative Care

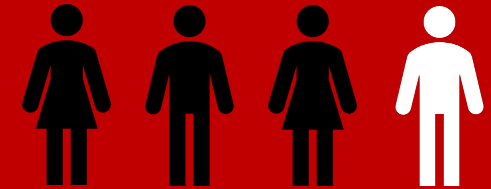
Education and training

Research

Empower people and communities

- Planos nacionais, leis específicas e financiamento público
- Disponibilidade de opioides nos C. Saúde primários
- Número de Unidades de internamento, equipas domiciliárias e Serviços Pediátricos
- Inclusão de C. Paliativos nos currículos de Medicina e Enfermagem
- Número de publicações, professores catedráticos e fundos de investigação
- Existência de grupos de voluntários e literacia pública sobre o fim de vida

Cerca de 76% dos países/regiões europeias



Apresentam capacidade de integração classificada como baixa ou muito baixa

2. Resposta dos sistemas



Research

33/56

countries host national PC conferences every year.

8/56

countries have advanced level of peer reviewed articles focusing on PC research: Belgium, Denmark, Germany, Ireland, Netherlands, Spain, Sweden and United Kingdom.

Health Policies

NATIONAL PALLIATIVE CARE PLAN, PROGRAMME, POLICY, OR STRATEGY	LEVEL	CONTENT	COUNTRIES
	4	Actualised, evaluated or audited in last 5 years	1
	3	Actualised but not evaluated or audited in last 5 years	9
	2	Developed over 5 years ago	11
	1	Not known or does not exist	12

PALLIATIVE CARE LAWS

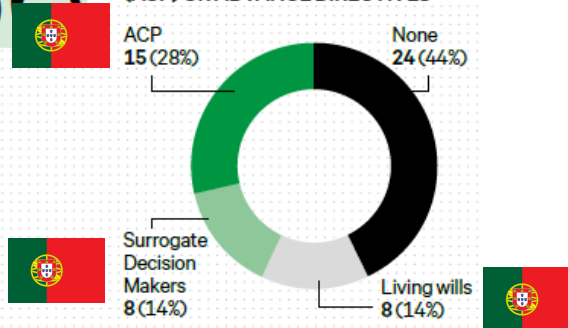
COUNTRY	YEAR	NAME
France	1999	Loi n° 99-477 du 9 juin 1999 visant à garantir le droit à l'accès aux soins palliatifs.
Belgium	2002	Wet van 14 juni 2002 betreffende de palliatieve zorg (& Amendement 2016 Pal Zorg)
Luxembourg	2009	Loi du 16 mars 2009 relative aux soins palliatifs, à la directive anticipée et à l'accompagnement en fin de vie et modifiant.
Italy	2010	Legge 38/2010 - Disposizioni per garantire l'accesso alle cure palliative e alla terapia del dolore.
Portugal	2012	Lei n° 52/2012 de 5 de setembro - Lei de Bases dos Cuidados Paliativos.
Germany	2015	Gesetz zur Verbesserung der Hospiz- und Palliativversorgung in Deutschland (HPG) vom 1. Dezember 2015.
Armenia	2020	Law of the Republic of Armenia on Palliative Care.
Albania	2021	Ligji Nr. 156/2014 - Për Kujdesin Palliativ në Republikën e Shqipërisë.
Austria	2022	Bundesgesetz über die Einrichtung eines Hospiz- und Palliativfonds- Hospiz- und Palliativfondsgesetz.

Empowerment people and communities

33/56

NATIONAL POLICY OR GUIDELINE ON ADVANCE CARE PLANNING (ACP) OR ADVANCE DIRECTIVES

have a strong national and sub-national presence of PC advocacy and promoting patient rights.



2. Resposta dos sistemas

Specialised services

7119

specialised PC services.

0,96 services per 100,000 inh on average.

524

paediatric services present in 41 countries.

TOTAL SPECIALISED SERVICES

7119 specialised PC services (0.96 services per 100,000 inh.).

Ukraine	0.23	Malta	0.72	United Kingdom	1.27	Austria	3.68
Estonia	0.22	Slovakia	0.64	Andorra	1.24	Lithuania	2.51
Kazakhstan	0.18	Georgia	0.62	Israel	1.16	Switzerland	2.10
Belarus	0.15	Romania	0.56	Germany	1.13	Sweden	1.90
Bosnia-Herzegovina	0.09	Armenia	0.53	Croatia	1.06	Netherlands	1.85
Tajikistan	0.09	Moldova	0.49	Denmark	1.06	Norway	1.83
Kyrgyzstan	0.07	Turkiye	0.49	Iceland	1.02	Czech Rep	1.68
Greece	0.04	Slovenia	0.47	Italy	1.00	Ireland	1.64
Turkmenistan	0.01	Bulgaria	0.39	Cyprus	0.97	Belgium	1.54
Azerbaijan	0.01	North Macedonia	0.38	Hungary	0.96	Finland	1.52
Uzbekistan	0.01	Serbia	0.26	Latvia	0.96	Luxembourg	1.50
Kosovo	0.00	Albania	0.25	Spain	0.96	Poland	1.42
				France	0.90	Portugal	1.42

Monaco, Liechtenstein and San Marino reported 7.70, 7.53, and 5.91, respectively.

Education and Training

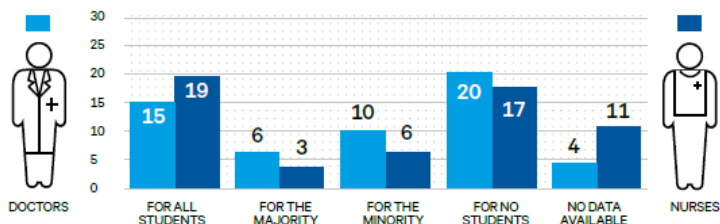
21/56

countries officially recognise PC as a medical specialty or subspecialty through national regulatory authorities.

DIPLOMAS

9/56 have other kind of diplomas with official recognition (i.e., certification of the professional category or of the job position).

PALLIATIVE CARE EDUCATION FOR FUTURE DOCTORS AND NURSES: NUMBER OF COUNTRIES TEACHING MANDATORY PALLIATIVE CARE



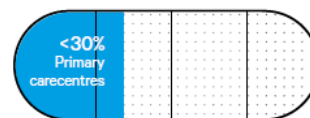
6/8 M

18/40 E

Use of Medicines

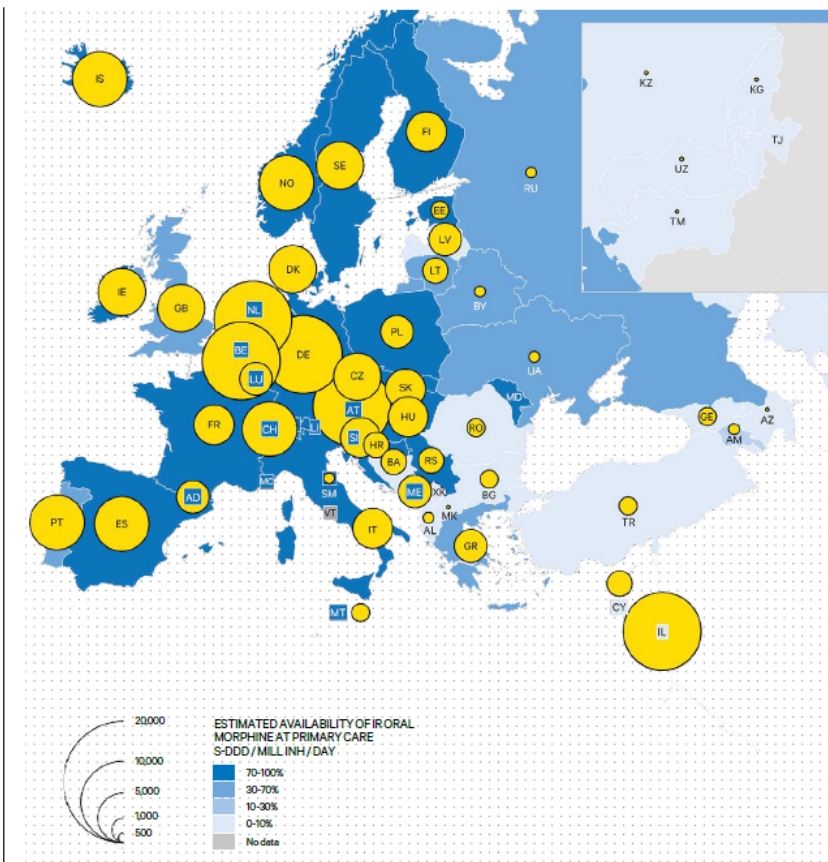
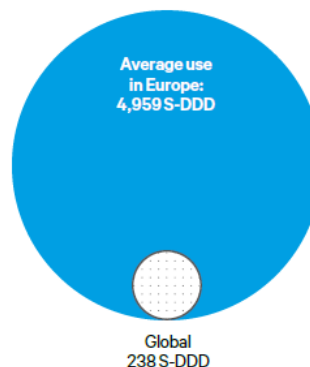
18/56

countries report available Immediate Release Oral Morphine in less than 30% of health facilities at the primary care level.



26/56 report very good availability of different opioids and in different formulations.

USE OF OPIOIDS



3. Portugal

Causas de morte em Portugal (2022)



Doença cerebrovascular
25,3%

Inclui:



Acidente vascular cerebral



Doença isquémica coração



Enfarte agudo miocárdio

**Estimativa de
necessidade de
CP**

segundo o PEDCP 2021-2022
segundo OPCP2023

100 000 pessoas

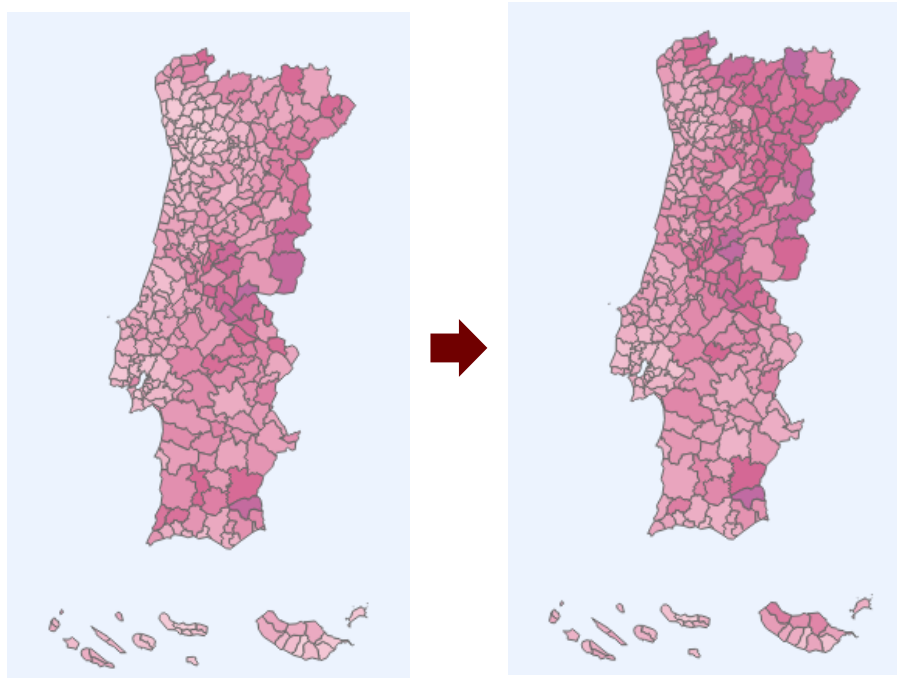
3. Portugal

Outros indicadores (2000 » 2024)

Índice de envelhecimento: 100,6 » 192,4

De 6º para **2º país mais envelhecido** da EU

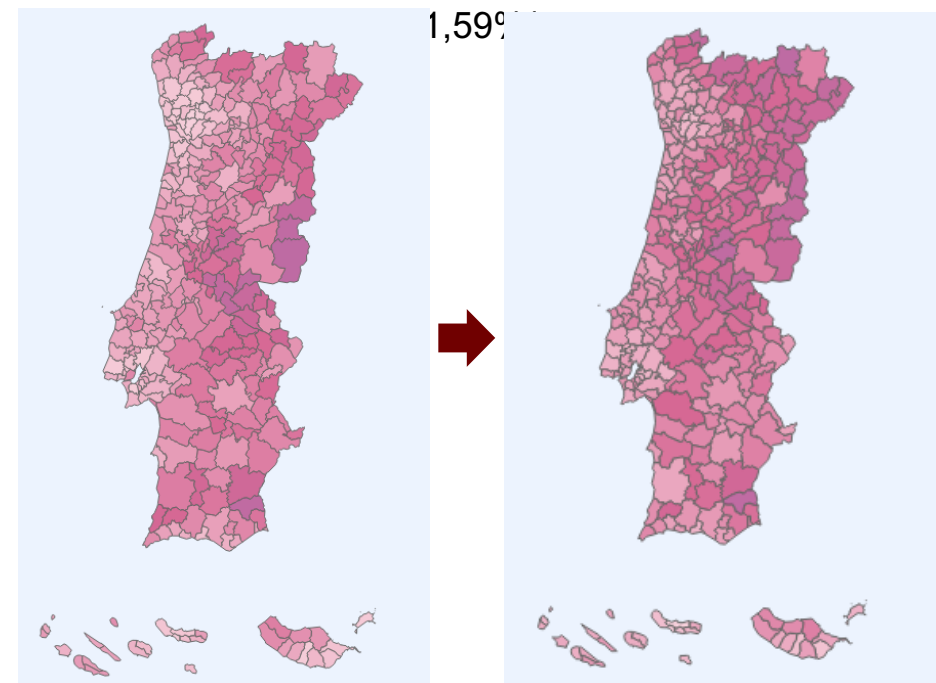
Crescimento de 2,73%/ano



Índice de dependência de idosos: 24,2 »

36,8%

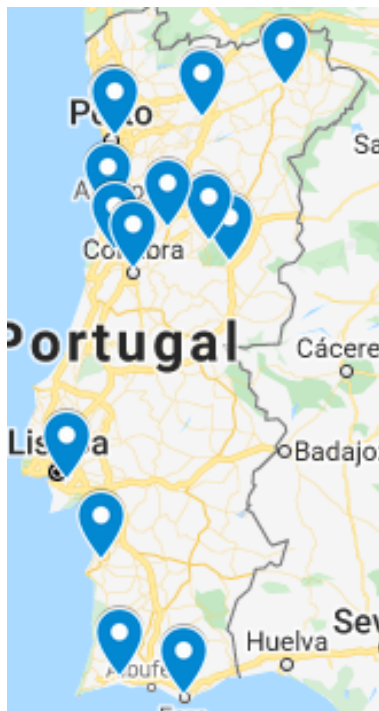
De 8º para **2º** na UE



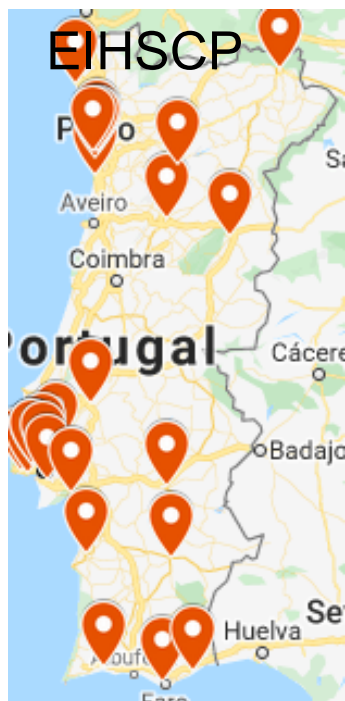
3. Portugal

Outros indicadores

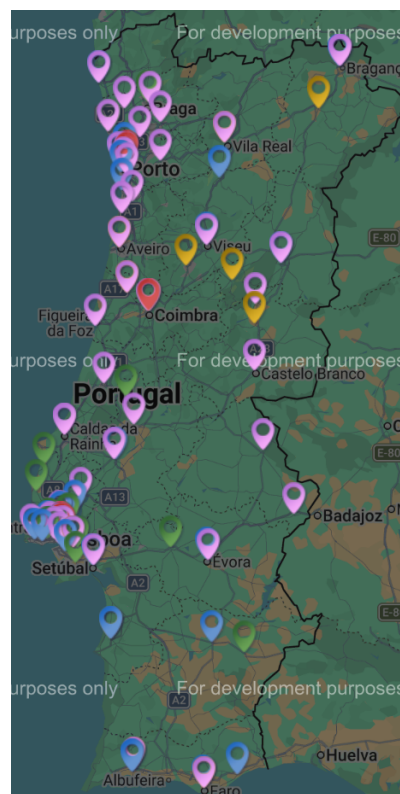
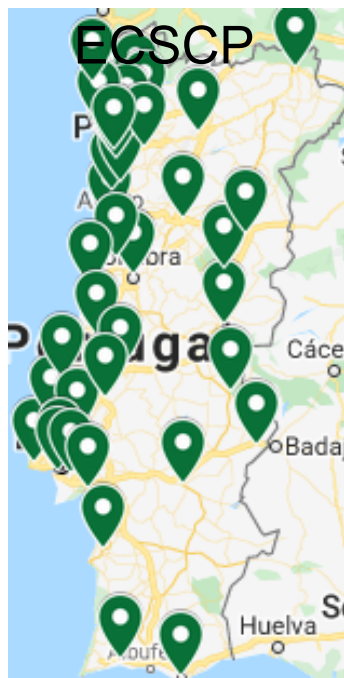
33 UCP



49



34



EACP white paper:

- 1 ECSCP por 100.000hab » daria 107 equipas
- 80-100 camas por 1M hab » daria 860 a 1075 camas

Realidade:

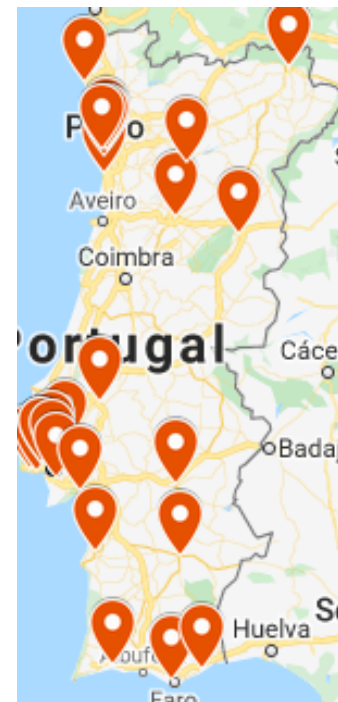
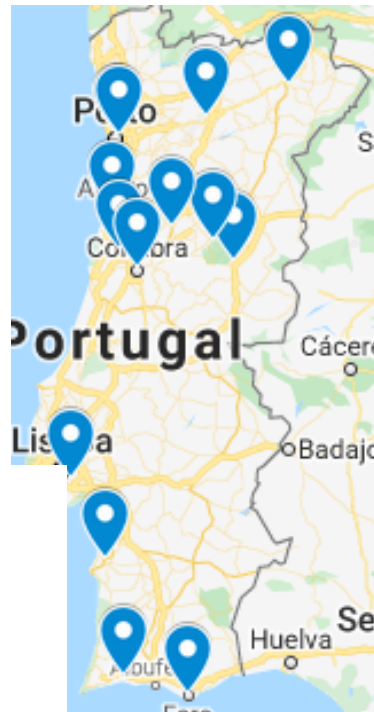
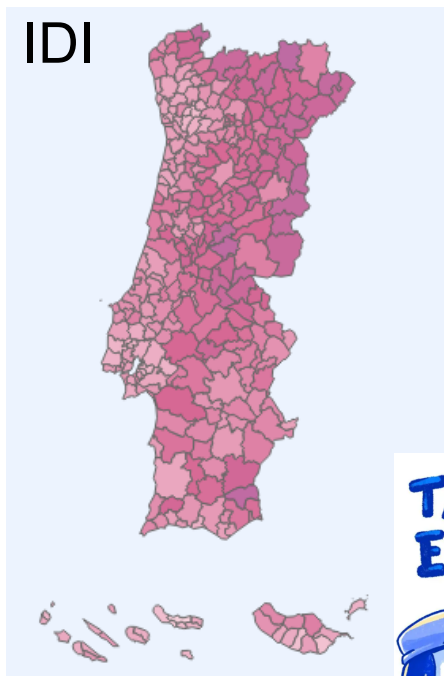
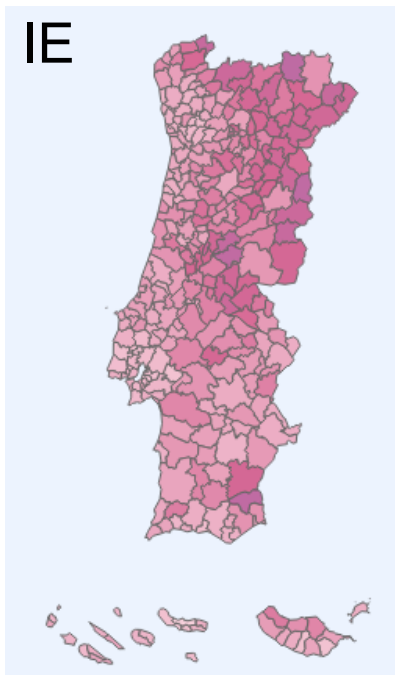
- Cobrimos apenas **31%** das necessidades de ECSCP (34/107)
- Cobrimos apenas **53%** (423 camas) da necessidade de camas de UCP
- Assimetrias geográficas

Região autónoma da Madeira: (1 ECSCP + 1 EIHSCP + 1UCP)

Região autónoma dos Açores: (3 ECSCP + 3 EIHSCP + 3

3. Portugal

Outros indicadores



3. Portugal



O que nos diz o OPCP? – Cobertura de Serviços de CP (SNS e SS)



COBERTURA ESTRUTURAL



53% ao nível de camas, no geral, com 72% nas de tipologia de agudos e 45% nas de não-agudos

53%



94% de cobertura das EIHSCP

94%



46% das ECSCP

46%



COBERTURA FUNCIONAL

(tendo em conta a proporção de médicos para a população abrangida)



46% das UCP

46%



50% das EIHSCP

50%



37% das ECSCP

37%



3. Portugal

O que nos diz o OPCP? – Atividade assistencial das equipas



TAXA DE REFERENCIAÇÃO
PARA CP

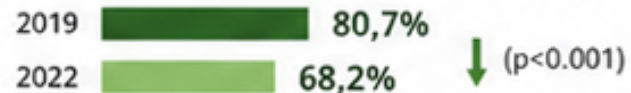
9,9% !!!
(do estimado)



CARACTERIZAÇÃO DA POPULAÇÃO
(2019 vs 2022)



Oncológicos



Não oncológicos



Misto



TEMPO SEMANAL ALOCADO
A CADA DOENTE



Médico **19,6 min/dia**



Enfermeiro **1h04 min/dia**



Psicólogo **8,4 min/dia !!!!**

4. Desafios e futuro



- Envelhecimento populacional e aumento da procura



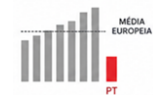
- Desigualdade no acesso



- Escassez de recursos



- Integração insuficiente nos sistemas de Saúde



- Financiamento insuficiente e instável



- Formação de profissionais

- Sustentabilidade



Bem hajam

jorge.manuel.castro@fundacaochampalimaud.pt

Jorge Manuel De Castro

MD (Internal Medicine)
MSc (Palliative Care)
PhD student (Palliative care)



Champalimaud
Foundation



SINTOMA26

14 A 16 DE MAIO HOTEL INTERCONTINENTAL | SÃO PAULO

PARCERIA **soho**
Society of Neurological Oncology

APOIO INSTITUCIONAL Faculdade **bp**